

Mistakes People Make

By Joe Reilly, Joe Reilly & Associates, Inc.

This is the **sixth** in a series of articles that highlight actual mistakes that occur during the process of workplace drug & alcohol testing. The intent of these articles is to alert folks as to the importance of taking the time to perform drug and alcohol testing services correctly and without flaws. Of course proper training and consistent re-training is the key to preventing the mistakes that will be discussed.

Auditing of collection sites is a hot issue for both mandated and non-mandated drug testing. News of increased and more stringent audits has been sweeping the industry. I attended the 7th Annual FTA Drug and Alcohol Program National Conference in Miami, Florida in early April. FTA auditors reported horror stories of collection site audits they have performed.

At the DATIA 2012 Conference in late April in San Antonio, attendees became the auditors for mock collections conducted by some industry experts. This was a lively session as these industry experts did everything they could do to point out errors that occur in the collection process—the so called “weakest link”. The attendees (our auditors) did a fantastic job of pointing out the errors. This presentation, hosted by Sherri Vogler, Houston Medical Testing Services and Diana Bauske, Chem Chek Co., included industry experts as collectors and donors including: Joe Reilly, Jan Korman, Larry Bauske, and Lisa Kuehle. Sandra Vanderploeg and Lisa Morrison served as moderators for the interactive session, which had the audience laughing in stitches including DOT officials in attendance.

Mistakes People Make that were included in these mock collections were:

- Collector started urine collection before DOT required breath alcohol test
- Collector allowed donor to jump the line—other donors had arrived and were waiting before the donor that was taken back had arrived
- Collector forgot all about the DOT required breath alcohol test
- Administration Section, section 1 of the CCF form was not filled out correctly
- Collector did not check the specific DOT agency for a DOT collection
- Donor ID was not checked properly
- Collector did not properly go over the collection process and point out that the instructions are on the back of the form
- Collector training documentation was out of date
- Donor personal belongs were not secured while the donor was in the rest room
- Collector asked donor about what medications donor might be taking to cause a blue specimen
- Collector forgot to ask donor to wash hands
- Only one collection kit was available for the donor
- Collector made inappropriate unprofessional remarks to the donor
- Collector did not have donor remove hat for collection
- Collector did not have donor remove outer garments for collection
- Collector did not allow donor to wash hands before collection
- Collector dated bottle seals while still affixed to the chain of custody form

- Collector removed bottle seals before specimen collected and poured into specimen bottles
- Collector did not provide specific direct observation instructions once a blue specimen collected
- Collector did not complete first specimen collection which contained blue specimen prior to starting second collection under direct observation
- Collector did not provide appropriate and correct direct observation instructions for the direct observation
- Collector who was a male and a licensed medical professional did a direct observation collection on a female
- Collector never finished the first specimen collection which contained blue specimen, left it out open on the table throughout the second collection
- Collector did not allow donor to observe open specimen collection container with donor urine when walking back to the desk area to complete the collection
- Collector made inappropriate remarks during direct observation
- Collector sent a specimen to the lab with insufficient quantity
- Donor had no ID, collector verified ID with a co- worker in the waiting room
- Female collector found that donor had an adulterating substance and did not do an observed collection because no male observer present, an unobserved collection was completed
- Donor refused to sign CCF form and initial bottle seals, collector called this a refusal to test and threw away the specimen and all paperwork
- Collector completed and signed section 5 of the CCF before the donor completed and signed section 4 of the CCF
- Collector receive insufficient volume of specimen, asked donor to void again and combined specimens
- Collector took a phone call during a shy bladder and donor wandered off outside to smoke a cigarette
- Collector signed donor name when donor refused to sign
- Donor arrived at 4:15pm; clinic closes at 5:00pm. Donor was in shy bladder and collector said to come back tomorrow as collector was leaving to go to Fiesta and the clinic closing time was 5pm.

WOW! Truly amazing how many mistakes can be made and there are more that were not pointed out. Our audience auditors did a great job of auditing these collections. Remember, all of the above are Mistakes People Make.

Speaking of mock collections, these are a requirement of the DOT program for newly trained specimen collectors and must be repeated under DOT regulations every five years. Five mock collections must be performed and must include two uneventful collection scenarios, one insufficient quantity of urine scenario, one temperature out of range scenario, and one scenario in which the employee refuses to sign the CCF and initial the specimen bottle tamper-evident seal. Another person must monitor and evaluate your performance, in person or by a means that provides real-time observation and interaction between the instructor and trainee, and attest in writing that the mock collections are “error-free.” This person must be a qualified collector who has demonstrated necessary knowledge, skills, and abilities—regularly conducting DOT drug test collections for a period

of at least a year; conducting collector training under this part for a year; or successfully completing a “train the trainer” course.

Many newly trained collectors don't go through the required mock collections or don't complete them properly—this is a serious deficiency in the appropriate and required training and proficiency for DOT urine specimen collections.

Many newly trained collectors don't go through the required mock collections or don't complete them properly—this is a serious deficiency in the appropriate and required training and proficiency for DOT urine specimen collections.

By having your collectors conduct mock collections, you will be able to determine if the collector properly completes the collection steps, maintains integrity and security at the collection, site and correctly completes the custody and control form.

At the same time, this video is intended to provide you with more insight and specific information that you will be able to provide the collector and collection site on conducting a proper collection. The video can be accessed at: <http://www.dot.gov/odapc/mock-collection.html>

Proper training and consistent re-training is the key to preventing the mistakes that have been discussed. Collector training and proficiency demonstration is critical, and don't wait the required five years for refresher training. We all need refresher training from time to time on a regular schedule (at least once a year is recommended).

DATIA offers some great training for collectors, TPAs, employers, and others involved in the drug and alcohol testing business. Visit the DATIA web site (www.datia.org) to learn more about these education and training opportunities. Proper training and consistent re-training along with consistent policies and procedures are the keys to preventing the mistakes that were outlined above.

DOT Collectors are required to meet the following training requirements:

1. Knowledge
2. Qualification training
3. Initial Proficiency demonstration
4. Refresher training
5. Error correction training



Joe Reilly entered the world of drug testing in 1993, he is well known throughout the industry and considered a leading expert on workplace drug testing issues. Joe served for nine years on the DATIA Board of Directors and served as Chairman of the Board from 2004-2008. Joe is currently a Regional Certified Professional Collector Trainer (RCPCT) for DATIA and is available for DATIA CPC training in all areas of Florida. He is also active in assisting buyers and sellers in the drug testing industry work through the merger and/or acquisition process and provides various other consulting and training services.